

730 Topeka
P.O. Box 287
Lyndon, KS 66451-0287
Phone: 785 828-3146



Permit #: _____
Fee: \$ 50.00

LOT SPLIT APPLICATION
Board of Zoning Appeals

Date Paid: _____

For Office Use Only

Lot Split Permit Application #: _____
Date Application Submitted: _____
Planning Commission Meeting Date: _____

This application request must be turned in to the City Clerk at least twenty-five (25) days prior to the Planning & Zoning Commission meeting. The Planning Commission meets on the first Monday of every month.

Attachments Required:

- ✓ Four (4) copies of scale drawing;
- ✓ Legal Description of lots to be created;
- ✓ The location of any structure(s) on the lot or lots thereon, together with the precise nature, location, and dimensions;
- ✓ Name, signature, and seal of the licensed engineer or registered land surveyor who prepared the drawing.

APPLICANT: _____ PHONE: _____
ADDRESS: _____ ZIP: _____

PROPERTY OWNER: _____ PHONE: _____
ADDRESS: _____ ZIP: _____

REQUEST:

As provided in Article _____ of the Subdivision Regulations, City of Lyndon, Kansas, a lot split of Lot # _____, Block _____, in the _____ Addition to the City of Lyndon is hereby requested.

The lot is generally described as or legal description off property deed:

LOT SPLIT REQUIREMENTS

The Lot Split is sought to provide for the issuance of building permits in lots divided into not more than two (2) tracts without having to replat said lot.

The lot split application meets the following requirements:

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | (a) No new street, alley, or other public improvements are needed or proposed. |
| <input type="checkbox"/> | <input type="checkbox"/> | (b) No vacation of streets, alleys, setback lines, access control or easements are required or proposed. |
| <input type="checkbox"/> | <input type="checkbox"/> | (c) The lot split will not result in significant increases in service requirements (e.g., utilities, schools, traffic control, streets, etc.) or will not interfere with maintaining existing service level (e.g., additional curb cuts, repaving, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | (d) There is street right-of-way as required by these regulations or the Comprehensive Plan. |
| <input type="checkbox"/> | <input type="checkbox"/> | (e) All easement requirements have been satisfied. |
| <input type="checkbox"/> | <input type="checkbox"/> | (f) The split will not result in a tract without direct access to a public street. |
| <input type="checkbox"/> | <input type="checkbox"/> | (g) No substandard- sized lot or parcel will be created. |
| <input type="checkbox"/> | <input type="checkbox"/> | (h) The lot has not been previously split in accordance with these regulations. |

APPLICANT'S SIGNATURE:

OWNER'S SIGNATURE:

Date: _____

Date: _____

Board of Zoning Appeals Recommendation

LOT SPLIT APPLICATION

Date Application Submitted to Zoning Administrator: _____

Recommendation of the Zoning Administrator: _____

Recommendation of the Planning Commission: _____

Action: **Approved** _____ **Denied** _____

Comments: _____

Planning Commission Chairperson

Planning Commission Member

Planning Commission Member

Planning Commission Member

Planning Commission Member